

REGISTRATION HISTORY

Client Name _____

Date _____ Married Single Divorced Widowed

If Minor parents full names _____

Street Address _____

City _____ State _____ Zip Code _____

If minor state name and address of custodial parent _____

Client Employed _____

Business address _____

Phone # Business _____ Phone # Personal _____

Current Position _____ Years Employed _____

Spouses Employer _____

Business Address _____

Phone #Personal _____ Phone # Business _____

Emergency contact (please list all phone numbers)

Responsible for _____

Payment Method;
Cash _____ Check _____ Charge _____

Credit Card Number / Type (Visa or Mastercard only)

Card Holder _____ Expiration _____

Email Address _____

Referred
By _____

Preferred Appointment Day _____ Time _____

Should we have a sudden change of schedule and need to contact you what number would you prefer that we call _____

